



IAP07Rec'd PCT 07 JAN 2008

PCT

8

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 1793 Customer No. 035811
Examiner : Deborah Yee
Serial No. : 10/559,844
Filed : December 7, 2005
Inventors : Nobuyuki Ishikawa Docket No.: JFE-05-1735
: Toyohisa Shinmiya
: Shigeru Endo
: Ryuji Muraoka
Title : STEEL PLATE AND WELDED Confirmation No.: 1864
: STEEL TUBE EXHIBITING LOW
: YIELD RATIO, HIGH STRENGTH AND
: HIGH TOUGHNESS AND METHOD FOR
: PRODUCING THEREOF Dated: January 3, 2008

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard

Request to Charge Deposit Account
Copy of Form PTO-875
Copy of Form PTO-2022
Copy of March 2006 Deposit Account Statement
Copy of "Revised Form PTO-2022"

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

DLA Piper US LLP
Customer No. 35811

By: _____

Monica M. Fanel

Date: _____

January 3, 2008



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	: PRODUCING THEREOF	Dated: January 3, 2008

REQUEST TO CHARGE DEPOSIT ACCOUNT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The above-identified application was initially filed with a total of 61 claims comprising 55 dependent claims and 6 independent claims. However, the PTO has calculated our initial total claim count as 56 claims consisting of 51 dependent claims and 5 independent claims. We enclose copies of Forms PTO-875 and PTO-2022 as evidence of the PTO's calculations. As a result, our deposit account was credited \$450 on March 23, 2006. A copy of the March 2006 Deposit Account Statement is enclosed.

We note that Claim 38 is not a dependent claim but rather an independent claim. Additionally, the total number of dependent claims indicated on Form PTO-2022 should read "55", not "51" as indicated. With the exception of Claim 38 being labeled as a dependent claim, we believe the PTO correctly identified each claim and its respective multiple dependency count. Therefore, 55 dependent claims added to 6 independent claims yields a total of 61 claims as indicated on "Revised Form PTO-2022" which is attached.



We respectfully request the number of total claims and independent claims be corrected to read 61 and 6, respectively, and that Deposit Account No. 50-2719 be charged \$450.

Respectfully submitted,

A handwritten signature in black ink, appearing to be "T. Daniel Christenbury".

T. Daniel Christenbury
Reg. No. 31,750

TDC/mmff
(215) 656-3381



COPY

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number

10/559,844

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	56 minus 20 =	36
INDEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT		<input checked="" type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	
EXAM. FEE	
SEARCH FEE	
X \$ 125 =	
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
TOTAL	

OR

RATE	FEE
BASIC FEE	300
EXAM. FEE	200
SEARCH FEE	400
X \$ 250 =	
X \$ 50 =	1800
X \$ 200 =	400
+ \$ 360 =	360
TOTAL	3460

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**
	Independent	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X \$ 50 =	
X \$ 200 =	
+ \$ 360 =	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**
	Independent	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDITIONAL FEE
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X \$ 50 =	
X \$ 200 =	
+ \$ 360 =	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559,844

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	1					
4		3				
5		10				
6		10				
7		10				
8		10				
9		10				
10		10				
11	1					
12		1				
13	1					
14	1					
15		1				
16		10				
17		10				
18		10				
19		10				
20		10				
21		10				
22		10				
23		10				
24		10				
25	1					
26	1					
27	1					
28		3				
29		3				
30		3				
31		3				
32		3				
33		3				
34		3				
35	1					
36		1				
37	1					
38		1				
39		4				
40		4				
41		4				
42		4				
43		4				
44		1				
45		4				
46		4				
47		4				
48		2				
49						
50						
TOTAL IND.	5					
TOTAL DEP.	51					
TOTAL CLAIMS	56					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
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87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						



UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450
www.uspto.gov

MONTHLY STATEMENT
OF DEPOSIT ACCOUNT

To replenish your deposit account, detach and return top portion with your check. Make check payable to Director of Patents & Trademarks.

IP DEPARTMENT OF PIPER RUDNICK LLP FINA
T. DANIEL CHRISTENBURY
ONE LIBERTY PLACE
1650 MARKET STREET, SUITE 4900
PHILADELPHIA PA 19103

Account No.
502719
Date
3-31-06
Page
2

PLEASE SEND REMITTANCES TO:
U. S. Patent and Trademark Office
P.O. Box 70541
Chicago, IL 60673

DATE POSTED			CONTROL NO.	DESCRIPTION (Serial, Patent, TM, Order)	DOCKET NO.	FEE CODE	CHARGES/ CREDITS	BALANCE
MO.	DAY	YR.						
3	17	06	92	78831494	ECI-06-1039/62/63	8522	50.00	26736.00
3	20	06	172	5354255	ALI-05-1738 358795-16	1553	3800.00	22936.00
3	21	06	92	PAYMENT		9203	-30000.00	52936.00
3	21	06	233	6476386	1074-00 308865-20	2551	450.00	52486.00
3	21	06	234	6476383	1215-99 308865-20	2551	450.00	52036.00
3	21	06	240	6475304	1211-DIV-99 308692-1	1551	900.00	51136.00
3	21	06	2037	78842116	ECI-06-1040	7001	650.00	50486.00
3	21	06	2040	78842118	ECI-06-1041	7001	650.00	49836.00
3	22	06	619	6542778		8021	40.00	49796.00
3	23	06	5	10559844		9204	-450.00	50246.00
3	24	06	28	10547966		9204	-490.00	50736.00
3	27	06	195	10571223	AOK-06-1048	8021	40.00	50696.00
3	27	06	237	10565362	JFE-05-1864	8021	40.00	50656.00
3	27	06	280	5360837	1071-CON-91 313771-1	1553	3800.00	46856.00
3	28	06	43	10994568	55897	2202	150.00	46706.00
3	28	06	259	1934212	1125-CA-04 (308883-38)	8503	15.00	46691.00
3	29	06	71	11361929	END-06-1022PCT-US (309282)	8021	40.00	46651.00
3	29	06	90	10543660		8021	40.00	46611.00
3	30	06	119	PAYMENT		9203	-11529.00	58140.00
3	30	06	519	10103614	BDM-04-1213	8021	160.00	57980.00
3	31	06	14	10543660		9204	-100.00	58080.00
3	31	06	1404	78850926	ZBA-06-1078	7001	325.00	57755.00
AN AMOUNT SUFFICIENT TO COVER ALL SERVICES REQUESTED MUST ALWAYS BE ON DEPOSIT					OPENING BALANCE	TOTAL CHARGES	TOTAL CREDITS	CLOSING BALANCE
					12685.00	31500.00	76570.00	57755.00

"REVISED FORM PTO-2022"

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/559,844	FILING DATE					
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3	1						53						
4		3					54						
5		10					55						
6		10					56						
7		10					57						
8		10					58						
9		10					59						
10		10					60						
11	1						61						
12		1					62						
13	1						63						
14							64						
15		4					65						
16		10					66						
17		10					67						
18		10					68						
19		10					69						
20		10					70						
21		10					71						
22		10					72						
23		10					73						
24		10					74						
25	1						75						
26	1						76						
27	1						77						
28		3					78						
29		3					79						
30		7					80						
31		3					81						
32		3					82						
33		3					83						
34		3					84						
35	1						85						
36		1					86						
37	1						87						
38	1						88						
39		4					89						
40		4					90						
41		4					91						
42		4					92						
43		4					93						
44		1					94						
45		4					95						
46		4					96						
47		4					97						
48		2					98						
49							99						
50							100						
TOTAL IND.	86						TOTAL IND.						
TOTAL DEP.	515						TOTAL DEP.						
TOTAL CLAIMS	601						TOTAL CLAIMS						

Dependent claim calculation

$$3 \times 6 = 18$$

$$1 \times 3 = 3$$

$$4 \times 8 = 32$$

$$2 \times 1 = 2$$

$$55$$

U.S. DEPARTMENT OF COMMERCE